



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 12, 2019

Ms. Lynn Keyes, Manager
Lenny Burke's Farm, Inc.
Po Box 75
Wallingford, VT 05773

Dear Ms. Keyes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 16, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2019
NAME OF PROVIDER OR SUPPLIER LENNY BURKE'S FARM, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 75 WALLINGFORD, VT 05773	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 1/16/19. The findings are as follows.	R100	
R112	V. RESIDENT CARE AND HOME SERVICES SS=D 5.2 Admission 5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assure that newly admitted residents had, on or before admission, a physician's statement, which includes: medical diagnosis, including psychiatric diagnosis if applicable for one of 3 residents reviewed (Resident #2). Findings include: Per record review, Resident #2 did not have an admission physician statement in the medical record. In interview the facility Manager confirmed that there was not a physician statement present in the record for the recently admitted resident.	R112	<i>FACILITY WILL RETAIN AND THEN RETURN ON FILE A SIGN PHYSICIAN'S ORDER ON THE STAMPS VARYING FROM EACH OF LISTED DIAGNOSIS FOR NON-EMERGENCY WE WILL RETAIN A LASTING PHYSICIAN'S ORDER SIGN AND LIST DIAGNOSES AND RETURN ON FILE FOR DURATION OF STAY 7.11.19 DUE AND IN MY Licensing</i>
R150	V. RESIDENT CARE AND HOME SERVICES SS=D 5.9.c (7) Assure that symptoms or signs of illness or	R150	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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R150	Continued From page 1 accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on record review the facility nurse failed to assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken for Resident #1. Findings include: Per record review Resident #1 fell while out walking in the yard on 12/18. The facility Manager stated that, at the time of the fall, s/he asked about pain and had the resident move all limbs and assisted him to stand according to the Facility Manager. The fall was reported to the facility nurse when it happened. The Manager stated that the nurse did not come to the facility on that day. There are no nursing notes in the record to indicate that the facility nurse conducted an assessment following the incident or that there was nursing follow up on the facility staff report. In an interview on the afternoon of 1/16/2019 the Manager confirmed that there are no further nurses notes available other than those in the reviewed record.	R150	<i>ANY INCIDENT WILL BE REVIEWED BY RN AND A CORRESPONDING NURSE'S NOTE WILL BE LEFT ON FACILITY, ASSURING THAT OMISSIONS ARE FOLLOWED. A NURSE'S NOTE WILL BE LEFT ON FACILITY FOR REVIEW BY STATE DLP IN A SIGNATURE BLOCK PURSUANT 7.11.19 M-182</i>
R179	V. RESIDENT CARE AND HOME SERVICES SS=E 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to		<i>2/1/19 2/1/19</i>

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R179	Continued From page 2 residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179		
X	This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to assure that at least twelve (12) hours of training each year for each staff person providing direct care to residents was provided. The training must include, but is not limited to, the prescribed seven (7) mandatory inservices and additional inservices applicable to residents residing in the facility. Findings include: Per review of inservice records for five (5) randomly selected staff, for the year 2018, the selected staff failed to complete the required mandatory inservices as follows: (1) Resident Rights: 1 of 5 did not complete; (2) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid: 4 of 5 staff completed a review of the Heimlich		The list of 7 required trainings are now posted as reminders to do on a yearly basis. Follow up to make sure all staff have completed 12 hours of training yearly. OMS BURKE AND MN } WILL ALL STATE FIRE MARSHAL } ASSIST WITH THIS 2-21-9	

W. Burke License 2/21/18

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File 2/21/19

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R179	<p>Continued From page 3</p> <p>Maneuver;</p> <p>(3) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation: No indication of staff completion;</p> <p>(4) Respectful and effective interaction with residents: No indication of staff completion;</p> <p>(5) General supervision and care of residents (mouth and skin care) 4 completed and 1 did not.</p> <p>Additionally there is no evidence found of the 12 hours of training, no information regarding how long the face to face inservices lasted, or how self-studies time was determined. Per interview on 1/15/19 at 3:30 PM the current Manager confirmed that there was no further information regarding the 2018 education.</p>	R179		

Required training yearly.

Fire safety

Residents rights

Resident emergency response procedures Heimlich maneuvers, accidents, police, ambulance contact and first aid

Policy and procedures for abuse, neglect and exploitation

Respectful and effective interactions

Infection control measures

General supervision

Make sure all staff have 12 hours of training